

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 \$\times 678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	ant Nama			Telephone Number	Date of Inspection	PERMIT#	
Sweet Stuff Bakery LLC				812-948-2507	(mm/dd/yr)	A SECURE N	
Establishment Address (number and street, city, state, zin code)				1	8-8-19	119-	
323 E. Spring St New Albany, IN 47150						1, 304	
Overnor				Purpose:	Follow-up Relea	se Date	
Diane Christopher				1. Routine	NO Today		
Owner's Address				2. Follow-up	Summary of Violations:		
				3. Complaint	1 2 2 ~-		
Person in Charge Diane Christopher				4. Pre-Operational	$C_{}$ NC_	S B	
Responsible Person's E-mail				5. Temporary 6. HACCP	Menu Type (See bac	k of page)	
Certified Food Manager				7. Other (list)	1 2 1/3	4 5	
Matt Johnson 10-9-22					12		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative		To Be C	orrected By	
438	C		Observed 2 spray Soffle	s without lab	els. too	lay	
416	116 NC Observed dead insects in light settle shields						
	near delivery entrance & cooler hollway 3 days,						
430							
1.2.	'		Cabinet in cookie room.				
431							
7 0 1	///		Spring floors in Kitchen under equipment 3 days				
	in back hollway.						
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Received by (name and title printed): DIANE CHRISTOPHER Inspected by (name and title printed): EHS Received by (name and title printed): EHS Received by (name and title printed): EHS Received by (name and title printed):							
Received by (signature): Inspected by (signature):							
				Thomas	Snide,	·	
cc:			сс:		ce:		